

State of New Jersey
Department of the Treasury
Division of Pensions and Benefits**CHANGE RETIREMENT APPLICATION**

These changes can only be made before the retirement is due and payable.

Check one:

- | | |
|--|---|
| <input type="checkbox"/> Public Employees' Retirement System | <input type="checkbox"/> Police and Firemen's Retirement System |
| <input type="checkbox"/> Teachers' Pension and Annuity Fund | <input type="checkbox"/> State Police Retirement System |

Membership Number _____ Social Security Number _____

Name _____

Address _____

☐ Check here if this is a new address.

I previously filed an *Application for Retirement Allowance* with the Division of Pensions and Benefits.
I wish to make the following change to that application (check boxes that apply):

☐ **Change Retirement Date** — I wish to change the effective date of my retirement from:
_____ to _____ (may be any first of the
month after the receipt date of the original *Application for Retirement Allowance*).

☐ **Change Retirement Type** — I wish to change the type of my retirement from:
_____ to _____ (to change to a disability
retirement you must complete an *Application for Disability Retirement*).

☐ **Change Option Selection** (PERS & TPAF only) — I wish to change my option selection from:
_____ to _____. I understand that the
beneficiaries on file with the Division of Pensions and Benefits will remain in force unless I submit a
Designation of Beneficiary form along with this application. I understand that once my retirement is
due and payable, no further change in option will be permitted. My signature indicates that I understand
that if I choose the Maximum Allowance, there are no pension benefits payable to my spouse or
other beneficiary.

☐ **Cancel Retirement** — I wish to cancel my retirement which was to be effective on
_____. I will continue in
employment. (Canceling your retirement does not guarantee reemployment with your employer.) I
understand that this application cannot be reinstated and that I must file a new *Application for Retirement
Allowance* when I apply for a future retirement date. I further understand that the beneficiaries designated
on my retirement application will remain in effect until I change them by submitting a new *Designation of
Beneficiary* form or a new *Application for Retirement Allowance*.

Signature

Date